

Document Number (**Finance Use Only**)

TL370

TRAVEL VOUCHER
(Conservation Congress Only)
Form 9300-139C (Rev. 12/13)

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|----------------------------------|-------------------|------------|-------------|--------------|--------|------------------------------|------|--------|--|--------------------------|------|-------|-----------------------|---------|---------------|
| Last Name | | First Name | | MI | | Justification of Exceptions: | | | | | | | | | |
| Home Address | | | | | | | | | | | | | | | |
| City | | State | ZIP Code | Phone Number | | | | | | | | | | | |
| Social Security Number : XXX-XX- | | | | | | | | | | | | | | | |
| MM / DD | Purpose of Travel | City of: | | Time of: | | Private Vehicle | | | Lodging Use (X) if Direct Billed | Meals Incl. Tax & Tip | | | Other Allowable Items | | Total for Day |
| | | Departure | Destination | Departure | Return | Miles | Rate | Amount | | morn. | noon | Even. | Item: | Amount: | |
| | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | |
| Totals | | | | | | | | | | | | | | | |

Finance Use Only:

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|----------------------|--|------|
| Audited by =====> | <input type="radio"/> NR <input type="radio"/> SCR <input type="radio"/> WCR | Date |
| | <input type="radio"/> NER <input type="radio"/> SER | |
| Other Approvals/Date | Audited Finance =====> | Date |

| AC TP | FUND | AGY | ORGN | APPR | ACTV | OBJT | Amount |
|----------|------|-----|------|------|------|------|--------|
| 22 | 212 | 370 | LSCC | 8614 | LSZZ | 2165 | |

Certification

CLAIMANT'S STATEMENT, S. 16.53, Wis. Stats.: I declare, under penalties of perjury, that this account of travel expenses is true and correct and in conformity with applicable Wisconsin statutes and related travel guidelines and instructions or pertinent collective bargaining agreements. This claim represents reasonable and actual expenses necessarily incurred by me personally in the performance of my official duties and no portion of this claim was provided free of charge or covered by a special registration fee, or previously reimbursed to me by the State of Wisconsin or any other source.

Claimant's Signature: _____ **Date Signed** _____

Supervisor's Attestation: I certify that I have reviewed this travel claim and find it to be reasonable, proper, and in conformity with applicable statutes, travel guidelines, and/or collective bargaining agreements, to the best of my knowledge.

Supervisor's Signature: _____ **Date Signed** _____

Audited pursuant to Chapter 16 of the Wisconsin Statutes and allowed in accordance with the provisions of Chapter 20 as shown above. Certified to the State Treasurer payable from fund shown above. Materials and/or services claimed certified as having been received or delivered.

Secretary, Wisconsin Department of Natural Resources